

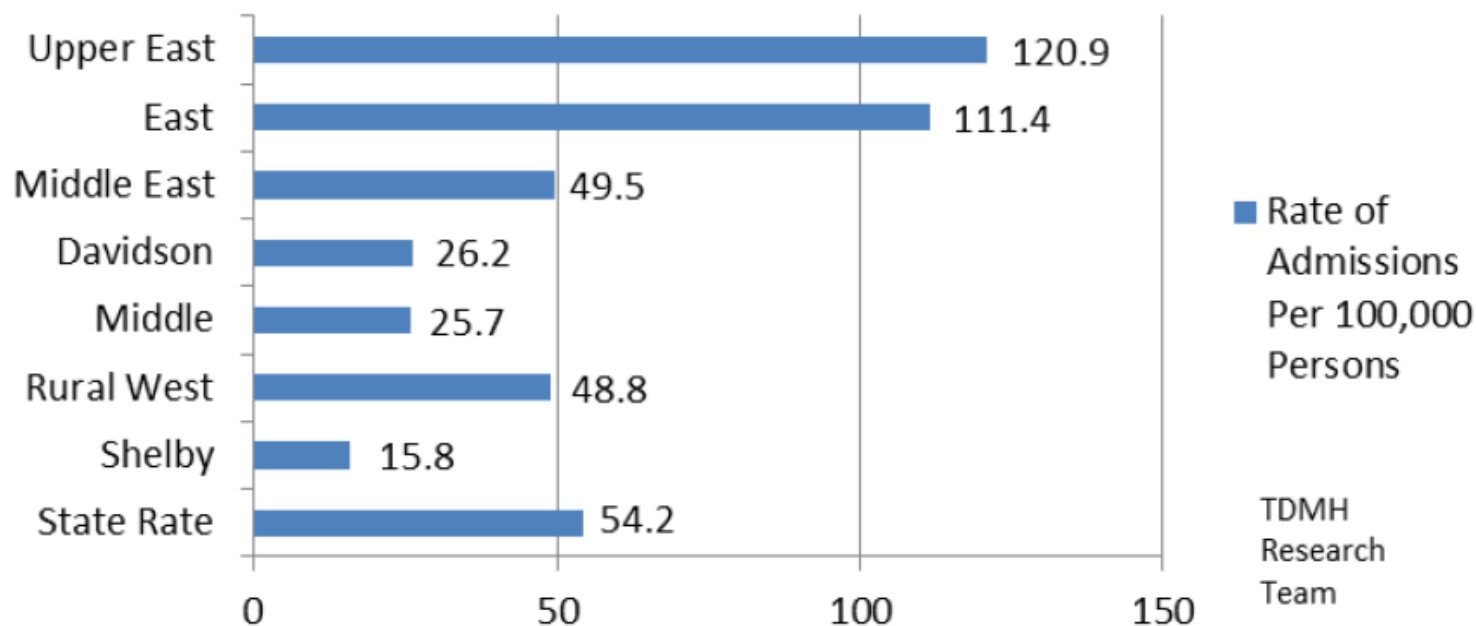
“Prescription Drug Epidemic” - Epidemic in the US Tennessee Among the Highest Abuse Rates in US Northeast TN Among Highest Abuse Rates in State

- Tennessee is the 2nd leading state in regards to pounds of opiate pain reliever drug sold.
- Prescription opioids ranked #1 abused drug among individuals receiving state-funded treatment services. This increased from 416 in 2000 to 3,331 in 2010—nearly a ten-fold increase.
- Tennessee has one of the highest rates of prescription drug abuse in the nation
- Drug overdose deaths in 2010 represents an increase of 250% over the 10 year time period.
- 51 pills of hydrocodone for EVERY Tennessean above the age of 12 ; 21 pills of oxycodone
- Opioid abuse in Tennessee is greater than abuse of marijuana or crack/cocaine
- Percentage Tennessee children entering custody with related substance abuse problem from 19% to 33%.
- Estimated costs of caring for these children increased from \$29 million to over \$52 million.
- The Prescription Drug Epidemic is “Especially Painful to Tennessee”—Comm. D. Varney.
- 1,062 people died from drug overdoses in TN in 2011. A 140% increase in ten years. High tan auto deaths
- Abuse Rates in East Tennessee are double the rest of the state.
- East Tennessee has more than 50% higher rates of opiate-addicted pregnant women.

Sources: State of Tennessee Health Plan 2012; TDMHSAS Commissioner E. Douglas Varney, Governor’s Safety Forum Presentation, Governor’s Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012.

Abuse Rates in East Tennessee are Double the Rest of the State.

Persons Admitted to State-Funded Treatment for Opioid Abuse in Tennessee (Rate Per 100,000 Persons): Fiscal Year 2011



Source: TDMHSAS Commissioner E. Douglas Varney, Governor's Safety Forum Presentation, Governor's Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012.

Treatment Options

- **Abstinence-based**
- **Buprenorphine-based in a physician's office**
- **OTPs (first 2 plus methadone)**

Treatment Options

- **Abstinence-based**
- **Buprenorphine-based**
- **OTPs (first 2 plus methadone)**

**Addiction
Severity**



How to Treat NE Tennessee's Alarming Problem of Opiate-Addicted Pregnant Women?

Treatment

- Abstinence-based
- Buprenorphine-based
- OTPs (first 2 plus methadone)

Comments

ACOG: Risk of fetal demise

MSHA: Stop; this is not safe for the mother or unborn baby

ACOG, MSHA, CDC, NIH, HHS, NIDA, SAMHSA, ASAM, AMA, NEJM: Methadone is the Standard of Care

The Standard of Care for Opiate Addiction is Methadone Maintenance Treatment

**METHADONE HAS BEEN ENDORSED AS THE “STANDARD OF CARE” FOR
OPIATE ADDICTION – AND ESPECIALLY FOR PREGNANT WOMEN – BY:**

NATIONAL INSTITUTE OF HEALTH (NIH)

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

U.S. SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

AMERICAN SOCIETY OF ADDICTION MEDICINE

CENTER FOR DISEASE CONTROL (CDC)

WORLD HEALTH ORGANIZATION (WHO)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG)

NEW ENGLAND JOURNAL OF MEDICINE

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION (AMA)

Source: National Institute of Health (NIH.gov); National Institute on Drug Abuse (NIDA.gov). 2; U.S. Substance Abuse & Mental Health Services Administration (SAMHSA.gov); Center for Disease Control (www.cdc.gov); The World Health Organization (WHO.org); The New England Journal of Medicine (JAMAnetwork.org); Journal of the American Medical Association (AMA-assn.org); American College of Obstetricians and Gynecologists (acog.org).

Methadone is the Standard of Care with Opiate-Addicted Pregnant Women

"Opioid use is not uncommon in pregnancy. The current standard of care for pregnant women with opioid dependence is referral for opioid-assisted therapy with methadone."

"Abrupt discontinuation of opioids in an opioid-dependent pregnant woman can result in preterm labor, fetal distress, or fetal [death]."

American College of Obstetricians and Gynecologists (2012).

"Methadone is the recommended treatment for opioid dependence during pregnancy."

Journal of the American Medical Association, April 30, 2012.

"The standard of care for opiate addiction during pregnancy is methadone maintenance and psychiatric care."

New England Journal of Medicine 363;24 (nejm.org) December 9, 2010.

"Methadone is the standard of care in pregnant women with opioid addiction."

National Institute of Health (NIH) Consensus Panel (1998)

"Methadone has been the standard of care for the past 40 years for opioid-dependent pregnant women."⁵

National Institute on Drug Abuse (2012).

Source: 1. American College of Obstetricians and Gynecologists (2012). 2 3. 4. National Institute of Health (NIH) Consensus Panel (1998). 5. National Institute on Drug Abuse (2012).

Mountain States Warned of Risks of Methadone Substitutes in 2012

“If you are pregnant, trying to get pregnant or not using birth control, don’t take Subutex or Suboxone, for the sake of your unborn child.”

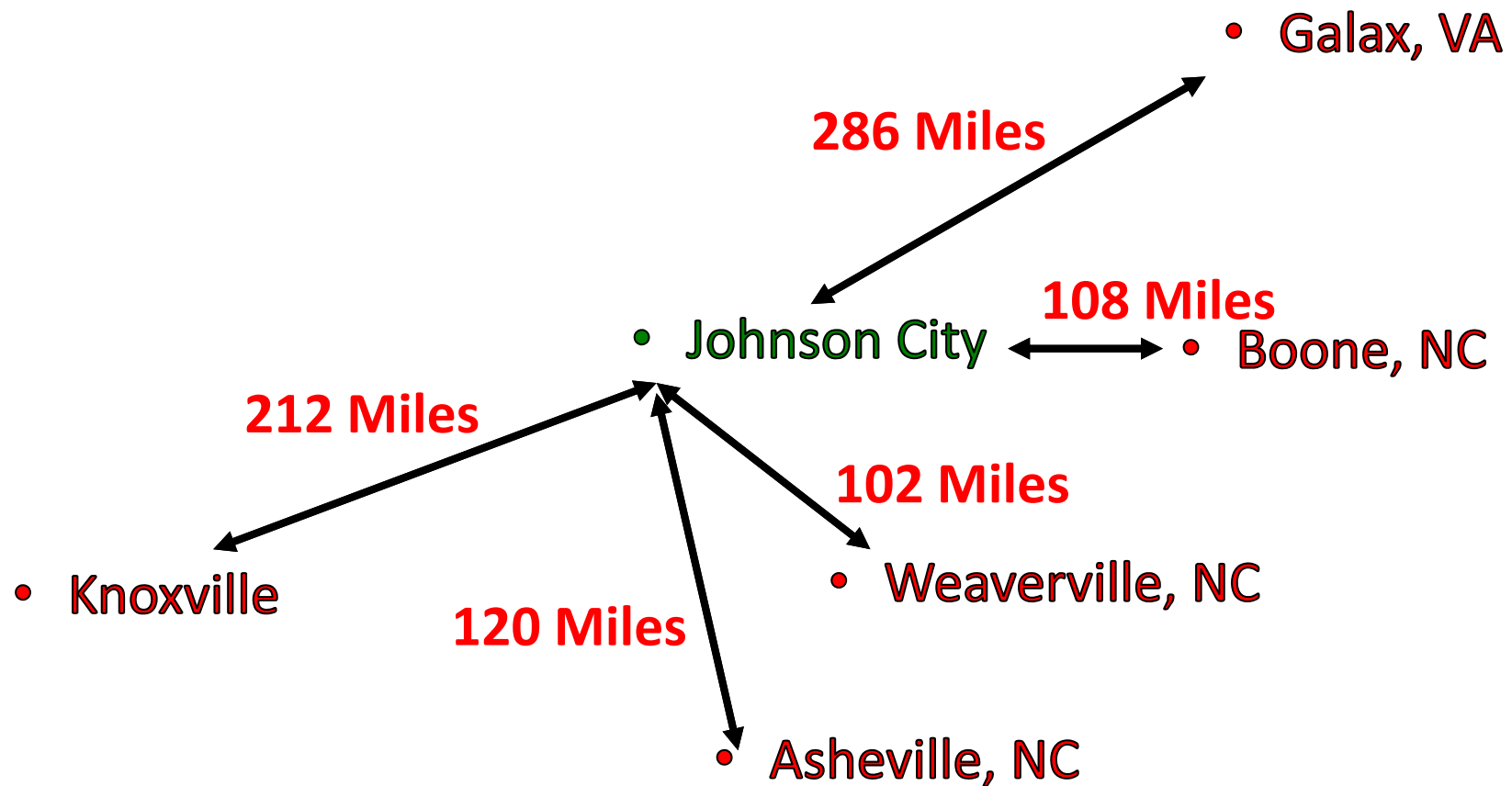
“And if you are a physician, don’t continue to prescribe those drugs containing buprenorphine to anyone who is pregnant.”

“Dr. Joy Anderson, a Mountain States Medical Group obstetrician and gynecologist practicing in Kingsport, said pregnant women are being told by physicians prescribing the two drugs ‘it’s a safe drug in pregnancy’ when it is not.”

“Methadone is the recommended medication used for detoxification during pregnancy, the MSHA literature says.”

Source: “Women Warned Not to Take Two Drugs Around Pregnancy”, Johnson City Press, March 22, 2012. (<http://www.johnsoncitypress.com/article/99175>)

Where do people in the Tri-Cities area go for Standard of Care Treatment?



Need

<u>State</u>	<u>NE Tennesseans</u>	<u>Comments</u>
• Virginia	50	
• North Carolina	400	Conservative
• Knoxville and Nashville	187	2008
Subtotal	637	Conservative; Big program
2-3 that won't make trek	1,274 – 1,911	
<u>Total</u>	<u>1,911 – 2,548</u>	

Subject: Approximate Total Patient Count of Tennessee Residents Being Served in NC OTPs in May, 2013
Date: 6/24/13 11:49:23 AM
From: "Clark, Spencer"
To: "'kostertag@charter.net'"
Cc: "Bowman, Jennifer" , "Vanwy, Dolly" , "Worth, Smith" , "Davis, Brenda"

Slide 11

Kathy:

Our approximate total patient count of Tennessee residents being served in NC OTPs in May, 2013 is at least 400 unduplicated individuals.

The final figure may be higher than this as we have not yet received data from a survey of all of our programs.

Please do not hesitate to contact us if you have further questions.

Spencer Clark, Administrator
NC State Opioid Treatment Authority

Spencer Clark, MSW, ACSW
NC Department of Health and Human Services
Director of Operations and Clinical Services
Community Policy Management Section
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
3007 Mail Service Center, Raleigh, NC 27699-3007
Telephone: (919) 733-4670 Fax: (919) 233-4556
Spencer.Clark@dhhs.nc.gov
<http://www.ncdhhs.gov/mhddsas/>

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Version: 2013.0.3345 - Virus Database: 519976438 - Release Date: 06/24/13

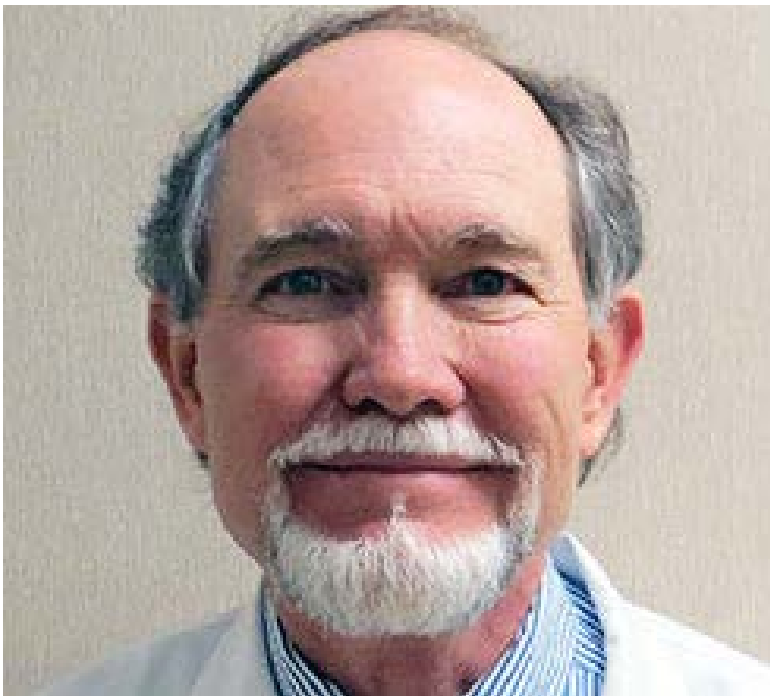
Need



Tri-Cities Will Operate in The Most Heavily Regulated Healthcare Environment in the U.S.

- **OTPs are regulated at the Federal and State level, and accredited by thorough standards by CARF (Commission on Accreditation of Rehabilitation Facilities) and JACO**
- **All staff qualifications and required on-site time are strictly regulated**
- **The center will adhere to strict guidelines on counseling, diversion control, and testing for HIV, TB, hepatitis, etc.**
- **These centers have very few operating degrees of freedom**

Slide 14



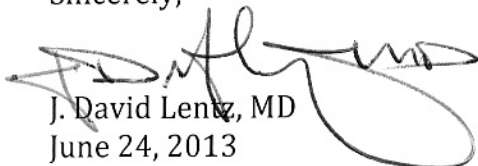
My name is Doctor J. David Lentz, and I am speaking in favor of the applicant. I wanted to be here in person to deliver this message, but I have had unexpected patient demands that have kept me in the office.

I have practiced medicine for 38 years, including addiction medicine, and especially treating opiate addicts. I have also served in the United States Navy. Currently I am the Medical Director of one of the clinics Mr. Kester started, where I have worked for six years. I am also a private practice physician certified to prescribe buprenorphine. Here is what I would like you to know:

- Having worked across the treatment spectrum for opiate addiction, I can see where people would have different opinions on treatment options, but I can't understand a medical argument for not allowing access to all options, especially the one with the longest and best track record of success.
- I have known Mr. Kester for over 10 years, and have worked for two of his companies. I also know him as a neighbor, friend and committed family man. I can say unequivocally that Mr. Kester conducts himself to the highest professional standards I have seen in the medical industry. The success of his centers resulted because we treat patients with the highest respect in the business. Most of the patients that come to us transfer from other programs. They have a choice, and they chose Mr. Kester's clinics. We have achieved the highest growth in the industry because we treat patients the best.
- I also know first-hand the investment Mr. Kester has made in the community. His generous donations have hosted orphans and built churches, schools, and youth athletic programs.
- If anybody tries to undermine Mr. Kester's integrity, passion for care, generosity in the community or the centers he co-founded, they are simply wrong.
- I have no financial interest in Tri-Cities Holdings, and I have not been compensated for my testimony.

Should you have any questions regarding my testimony, please feel free to give me a call.

Sincerely,


J. David Lentz, MD
June 24, 2013

715 Village Square Drive, Stone Mountain, GA 30083 • (404) 299-8444
2121 Fountain Drive, Suite A, Snellville, GA 30078 • (770) 736-3008

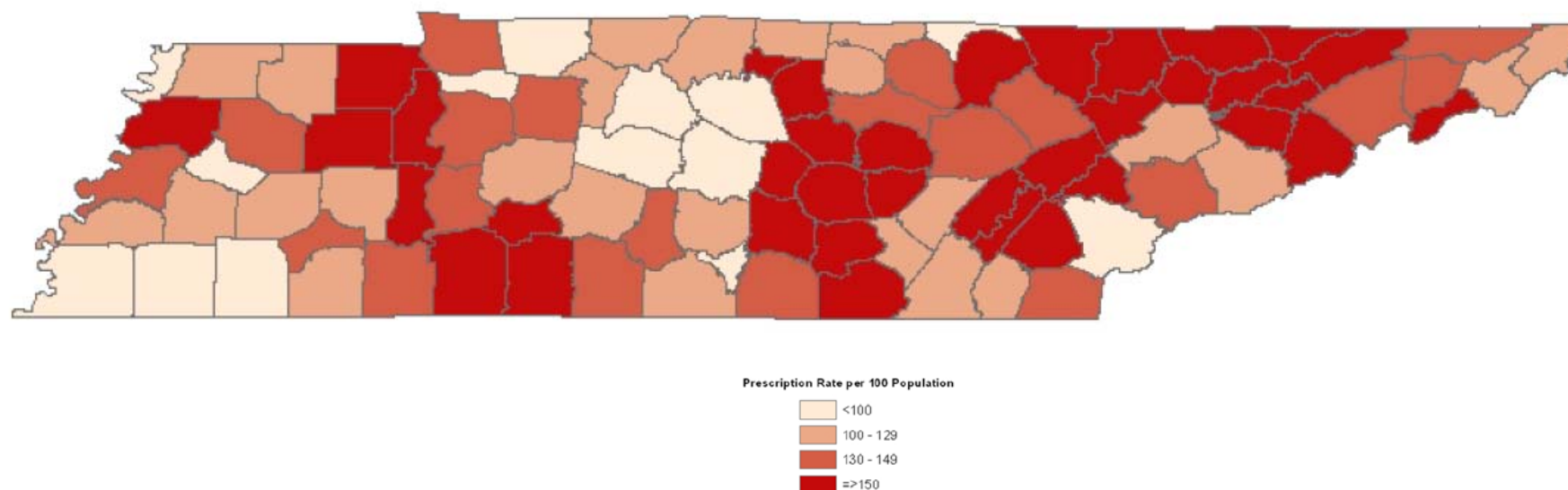
Tennessee Drug Overdose Death Toll Exceeds Iraq and Afghanistan Wars

	Total Deaths Since 2003	Deaths Most Recent Year
Tennessee (2003-2011)	8,193	1,065
Proposed Service Area	762	99
Iraq (2003-2013)	4,486	54
Afghanistan (2003-2013)	2,243	93

Source: Tennessee Statistics through 2011—Comm. D. Varney Presentation, Dec. 2012. Iraq and Afghanistan though 2013, U.S. casualties, from www.icasualties.org; Proposed service area is approx. 600,000 which is 9.3% of total Tennessee population of 6,450,000.

Service Area Among Highest Rates of Prescription Opioids

Opioid Prescription Rates by County TN, 2011



Source: TDMHSAS Commissioner E. Douglas Varney, Governor's Safety Forum Presentation, Governor's Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012.

East Tennessee Drug Overdose Death Rates at Crisis Levels and Growing

- **Nearly 10,000 people have died in Tennessee of drug overdoses in last ten years.**
- **Nearly 1,000 drug overdoses deaths in last ten years in proposed service area. (Approx. 10% of state population).**
- **Exploding growth rate of drug overdose deaths in Tennessee, doubling every ten years.**
- **At least another 10,000 drug overdose deaths in Tennessee in next ten years.**
- **Likely another 1,000 drug overdose deaths in proposed service area in next ten years.**

Source: TDMHSAS Commissioner E. Douglas Varney, Governor's Safety Forum Presentation, Governor's Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012; proposed service area which comprises approximately 10 percent of the state population.

How Can Need Be Satisfied with 100 Overdose Deaths in Service Area Every Year, and Still Increasing Dramatically, and Standard of Care Treatment Being 50 Miles Away?

- **How can anyone contend that drug addiction treatment is adequate in our proposed area with 1,000 dead over last ten years and at least another 1,000 projected over the next ten years?**
- **Presently the standard of care for opiate addiction, and certainly the standard of care for opiate-addicted pregnant women -- is more than 50 miles away.**
- **When a pregnant women has to drive 4,500 in the first 45 days of treatment for standard-of-care treatment to save her and her baby's life, how can anyone contend that need is being met?**
- **With drug overdose deaths easily topping 1,000 over the next ten years in our service area, we desperately need more treatment options and not fewer.**

Source: Death rates from TDMHSAS, Varney Presentation (2012).

2,000 New Tennessee Residents See Methadone Treatment Each Year

- **TDMHSAS reports 2,000 new patients annually to seek treatment at private-for-profit methadone (opioid) treatment centers in Tennessee.**
- **That translates into approximately 186 new people per year in the proposed service area, does not including pent up demand for lack of available treatment within 50 miles for years.**

Source: TDMHSAS Commissioner E. Douglas Varney, Governor's Safety Forum Presentation, Governor's Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012.

Nearly Three Tennesseans Die Every Day from a Drug Overdose

- **TDMHSAS reports 1,062 deaths from drug overdose in 2011**
- **That translates into nearly three deaths per day $(1,062/365) = 2.9$.**
- **That translates into almost one death every three days in the proposed service area of 600,000 people (which is 9.3% of state pop.)**

Source: TDMHSAS Commissioner E. Douglas Varney, Governor's Safety Forum Presentation, Governor's Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012. Proposed service area is approximately 600,000 people representing 9.3% of total state population of 6,450,000.

Projected 24,000 People Abuse Opiates in the Projected Service Area

- **Almost 5% of all Tennessee residents over 12 abused opiates in the last year.**
- **Over 12 equals 80% of total population (approx.)**
- **80% of 5% of 6,450,000 equals 258,000.**
- **80% of 5% of 600,000 service area equals 24,000**

Source: TDMHSAS Commissioner E. Douglas Varney, Governor's Safety Forum Presentation, Governor's Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012. Proposed service area is approximately 600,000 people representing 9.3% of total state population of 6,450,000. http://www.censusscope.org/us/s47/chart_age.html.

ACTION IS NEEDED RIGHT NOW:
Approximately 1,000 People Projected to Die from Drug Overdose in the Projected Service Area Over Next Ten Years

- **Even now, more than 1,000 die each year from drug overdose in Tennessee (1,062 in 2011).**
- **Death rate is more than doubling every ten years.**
- **Proposed service area population is 9.3% of the state population**
- **So approximately 100 people in the proposed service area are projected to die from drug overdose each year**
- **So approximately 1,000 will die in the proposed service area from drug overdose over the next ten years.**
- **Assuming growth rate of drug overdose deaths continues, deaths in proposed service area will exceed 1,500 over ten years.**

Source: TDMHSAS Commissioner E. Douglas Varney, Governor's Safety Forum Presentation, Governor's Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012. Proposed service area is approximately 600,000 people representing 9.3% of total state population of 6,450,000. http://www.censusscope.org/us/s47/chart_age.html.

“Prescription Drug Epidemic” in East Tennessee

Eastern Tennessee:

"It has just exploded.... Narcotic use is just rampant in our society, and our area is particularly bad. The babies are caught in the middle."

--John Buchheit, Director of Neonatology at East Tennessee Children's Hospital

“Over the past decade, prescription drug abuse has cut a destructive path through Appalachia. “

- -Dr. Robert P. Pack, ETSU, Johnson City, TN

Source: “Doctors See Surge in Newborns Hooked on Mothers' Pain Pills.” USA Today; “Alarming High: Prescription Drug Abuse and the Pill Pipeline in Appalachia,” Dr. Robert P. Pack, ETSU, Johnson City, TN.

What is “Standard of Care?”

- **Treatment that is accepted by medical experts as a proper treatment for a certain type of disease and that is widely used by healthcare professionals.**
- **Also called “best practice,” “standard medical care,” and “standard therapy.”**

Source: National Cancer Institute at the National Institute of Health (<http://www.cancer.gov/dictionary?cdrid=346525>).

United States Dept. of Health and Human Services: “Methadone Can Save Your Baby’s Life”

- “Methadone Maintenance Treatment can prevent the withdrawal symptoms many drug users experience.”
- “Withdrawal for pregnant women is especially dangerous because it causes the uterus to contract and may bring on miscarriage or premature birth.”
- “By blocking withdrawal symptoms, **Methadone Maintenance Treatment can save your baby's life.**”
- “Additionally, Methadone Maintenance Treatment can help you stop using needles, which is a primary route of infection for drug users.”
- “More importantly, it can allow you to regain your quality of life.”

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Distance is a Barrier to Treatment

- “Generally, the closer one lives to a treatment program, the greater likelihood of participation.”
- **“The rate of participation is nearly twice as high for persons living in or close to one of the five counties that house programs, 59.0/100,000, than the rate for those that live 60 miles or more from a program, 32.2/100,000.”**

Source: Response to Public Chapter 363 of the Acts of the 2001 General Assembly Methadone Treatment Facilities Report prepared by Tennessee Department of Health in Consultation with the Methadone Task Force, Health Care Facilities Commission and Board for Licensing Health Care Facilities, The Tennessee Department of Health, 2001.

The Standard of Care for Opiate Addiction Treatment is Methadone

- **This standard of care treatment proven with over 50 years of experience.**
- **More than 1,300 programs in every state.**
- **Twelve clinics already established in Tennessee.**
- **Very successful Opiate Treatment Programs in many Tennessee cities.**

A Pregnant Woman in Johnson City Must Drive up to 4,500 Miles in the First 45 Days for Doctor-Prescribed, Standard-of-Care Methadone Maintenance Treatment

- **A pregnant woman must drive 100 miles per day for doctor-prescribed, standard-of-care, life-saving treatment during up to the first three months of treatment because no such treatment is available in Johnson City.**
- **Obviously, this is a horrific, unnecessary burden on any person---especially for pregnant women.**

Economic Feasibility

- **Will be Only Source of Standard-of-Care Treatment for Many Patients—including Pregnant Women.**
- **Applicant Manager has five years experience in operation of Multiple OTP Programs**
- **Applicant Manager former Chief Operating Officer of Multiple OTP Programs**
- **Applicant Manager Successfully Located and Opened Nine OTP Programs in Multiple Communities**

Source: TDMHSAS Commissioner E. Douglas Varney, Governor's Safety Forum Presentation, Governor's Action Plan with Concentration on Prescription Drug Abuse, December 6, 2012.

Orderly Development

The three basic types of treatment for opiate addiction:

- **Abstinence-Based Treatment—up to 90% relapse rate.¹**
- **Buprenorphine-based treatment administered in a doctors office, and**
- **Licensed opiate treatment programs provide the two treatments above plus methadone maintenance treatment or MMT.**

Source: 1. “Lapse And Relapse Following Inpatient Treatment of Opiate Dependence” 2010, 103 (6):176-9 Irish Med J. (Follow-up interviews were conducted with 109 patients, of whom, 99 (91%) reported a relapse.). A US follow-up study of 10 000 opiate addicts (the Drug Abuse Reporting Program; Simpson & Friend, 1988) found 88% relapse rate for abstinence-based treatment. Advances in Psychiatric Treatment (2003), vol. 9, 280–288.

Orderly Development

An Opiate Treatment Program is the front line in the community for many public health issues:

- **Testing for HIV, hepatitis and TB**
- **Concurrent medical conditions that we refer for treatment such as alcoholism or addiction to benzodiazepines**
- **Coordination of primary care with primary care physicians**
- **Care of pregnant women with their primary care physician, and**
- **Referrals for disorders such as schizophrenia and bipolar, which are beyond the scope of our care.**
- **These programs are often then only times these patients receive ANY mental or mental health screening.**

U.S. Government: Opiate Treatment Programs Have Not Significantly Caused Increase in Overdose Deaths

- “Increases in Methadone-Associated Mortality Are Related to Its Use as an Analgesic [i.e., pain management].”
- “Examination of the data available to the National Assessment participants indicates that OTPs [Opiate Treatment Programs] and the 2001 regulatory changes did not have a significant effect on rates of methadone-associated mortality.”
- “In the cases in which the sources of methadone associated with deaths could be traced, OTPs [Opiate Treatment Programs] did not appear to be involved.”

Source: Methadone-Associated Mortality: Report of a National Assessment, U.S. Dept. Health Humans Services (2004)(Part 4).

Methadone Maintenance Treatment Can “Dramatically” Reduce Deaths from Drug Overdoses

- “Methadone Maintenance Treatment dramatically reduces deaths from drug overdoses....”¹.
- Ten Fold Decrease in Chance of Death for those patients in MMT treatment versus on the waiting list for MMT treatment.²
- A study in the British Medical Journal has found that methadone treatment improves the survival of drug users and prevents addiction-related deaths.³
- Patients in MMT tended to use heroin less frequently, and that the treatment was associated with a 13 per cent reduced risk of death each year.⁴

Source: 1. World Health Organization (<http://www.who.int/bulletin/volumes/91/2/12-109132/en/index.html>) Hedrich D, Alves P, Farrell M, Stöver H, Møller L, Mayet S. The effectiveness of opioid maintenance treatment in prison settings: a systematic review. *Addiction* 2012;107:501–17. doi:10.1111/j.1360-0443.2011.03676.x PMID:21955033. 2. *J Addict Med.* 2013 May-Jun;7(3):177-82. doi: 10.1097/ADM.0b013e318287cfc9. Opiate-dependent patients on a waiting list for methadone maintenance treatment are at high risk for mortality until treatment entry. 3. Research: Risk Of Death During And After Opiate Substitution Treatment In Primary Care: Prospective Observational Study In UK General Practice Research Database, *BMJ* 2010 ;341: c5475. 4. Survival And Cessation In Injecting Drug Users: Prospective Observational Study Of Outcomes And Effect Of Opiate Substitution Treatment, *BMJ* 2010; 341 doi: <http://dx.doi.org/10.1136/bmj.c3172> (Published 1 July 2010),

Women warned not to use two drugs around pregnancy

March 22nd, 2012 11:04 pm by RICK WAGNER

KINGSFORT — If you are pregnant, trying to get pregnant or not using birth control, don't take Subutex or Suboxone, for the sake of your unborn child.

And if you are a physician, don't continue to prescribe those drugs containing buprenorphine to anyone who is pregnant.

Those are the messages of some local doctors say newborns affected by mothers taking those drugs — designed to help ease people off opioids — can suffer irritability, jitteriness, tremors, sneezing, diarrhea, seizures, inconsolable crying, poor sleep, poor feeding, breathing problems and persistent weight loss.

Beset with an increase in the number of babies born addicted to drugs, Mountain States Health Alliance has launched an initiative targeting about 100 greater Tri-Cities physicians approved by federal authorities to dispense the drugs.

MSHA facilities in Tennessee have seen a 31.3 percent increase in babies born addicted to drugs comparing a seven-month period from July 10, 2010, to Feb. 11, 2011, to the period of July 11 to Feb. 23, 2012. The seven-month 2010-11 total was 99, versus 130 in the seven months of 2011-12. The numbers are from Johnson City Medical Center, Indian Path Medical Center, Franklin Woods Community Hospital, the former Johnson City Specialty Hospital and Sycamore Shoals Hospital.

Wellmont spokesman Jim Wozniak said that 20 percent of the infants in Kingsport's Holston Valley Medical Center's Neonatal Intensive Care Unit were there for neonatal abstinence syndrome, and that the longest treatment for those has been 45 days.

"This takes a lot of resources to care for these children," Wozniak said Thursday afternoon.

Dr. Joy Anderson, a Mountain States Medical Group obstetrician and gynecologist practicing in Kingsport, said pregnant women are being told by physicians prescribing the two drugs "it's a safe drug in pregnancy" when it is not.

At a Thursday morning news conference at Indian Path Medical Center, Anderson said two other MSHA providers said they are particularly concerned about the prevalent use among pregnant women of prescription opiates, Suboxone and Suboxone, both used to treat opiate addiction.

Lisa Smithgall, vice president of women's service for MSHA, said the increase puts a strain on the health care and health insurance, including the public TennCare system.

In most instances, Anderson said, the drugs are given in an effort to wean the woman off opiates such as OxyContin.

Anderson said that if a woman is not willing to forgo Subutex and Suboxone, she should defer become pregnant. Options for already pregnant woman include detoxification no later than two months before birth, with appropriate tests of the unborn child. Methadone is the recommended medication used for detoxification during pregnancy, the MSHA literature says.

She said the same avoidance strategy goes for smoking tobacco and drinking alcohol — which Dr. Des Bharti, a neonatologist and East Tennessee State University professor, said are the No. 1 and No. 2 drugs taken by pregnant woman — as well as diabetics keeping their blood sugar under control.

Bharti said when he first came to Johnson City Medical Center in 1990, one or two drug-addicted newborns came into the



world there a year, a number he said has grown to about 50 a year now.

Anderson said that 60 percent of users of Subutex and Suboxone during pregnancy are also using completely illegal drugs or alcohol.

In the Tri-Cities, he said about 30 percent of pregnant woman smoke, compared to 15 percent nationwide. And of those using Subutex or Suboxone, he said about half got the drug illegally on the street, not through a prescription.

Bharti said those drugs have in many instances replaced methadone, legally with a prescription and illegally without one. Aside from immediate health problems, the babies face long-range problems, particularly with future pain management needs. Bharti said the normal cost of a birth and two days in a hospital for a newborn is \$2,000 to \$3,000, compared to \$15,000 to \$50,000 for a 10-day stay including a neonatal intensive care unit, while he said the lifetime cost of care is an estimated \$1.5 million per child — with about 50 percent being on TennCare. He also said that the difficulty in taking care of the drug-addicted babies can lead to more physical abuse of them.

And in some cases, symptoms of the addiction won't emerge in the first two days, which Bharti said means some infants are sent home addicted with no special treatment.

Dr. Amy Marlow, an MSMG Pediatrics pediatrician in Kingsport, said doctors often seek a neonatologist's advice and strive to make sure addicted babies get follow-up care at home.

Since Subutex and Suboxone became legal to help with opioids withdrawal, Marlow said many of the addicted newborns are going to foster care and have issues with growth, failure to thrive and developmental delays. She said long-term studies on the drugs' effects on newborns as they grow up do not yet exist, but she suspects learning problems, including attention deficit disorder, mental retardation and low IQs would be among outcomes.

That's why she said MSHA sent the letter, background information and brochures to 88 providers on a list of those that issue the drugs and on a case-by-case basis to other providers not on the list but able to prescribe the drugs.

Ninety-four doctors signed off on the letter, which she said also seeks community support and awareness.

"We hope everyone can help us with this communication," Marlow said.

Bharti said Subutex and Suboxone both contain buprenorphine, but Suboxone has another medicine included that counters the high that results in crushing the pills and injecting the powder. Subutex is all buprenorphine, Bharti said.

He said doctors can issue prescriptions for Suboxone after attending an eight-hour class.